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50689 7590 11/13/2007

PERKINS COIE LLP
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Patent Service with sufficient postage for first-class mail in all territory addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | |
|-----------------------|--------------------|
| Melody J. Almberg | (Depositor's name) |
| <i>Melody Almberg</i> | (Signature) |
| 2/6/2008 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/729,357 12/05/2003 John Klocke 291958238US 8259

TITLE OF INVENTION: CHAMBERS, SYSTEMS, AND METHODS FOR ELECTROCHEMICAL PROCESSING MICROFEATURE WORKPIECES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|

nonprovisional NO \$1440 \$300 \$0 \$1740 02/13/2008

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
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WILKINS III, HARRY D 1795 204-232000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Perkins Coie LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Semitool, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Kalispell, MT

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 2

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☐ The Director is hereby authorized to charge the account number(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-066 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Paul T. Parker*
 Typed or printed name Paul T. Parker

Date 2/6/08
 Registration No. 38,264

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